Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

	art I		t identification information						
For	calenda	ır plan year 2015 or fi	fiscal plan year beginning 01/01/2				/31/20		
Α	This ret	urn/report is for:	a single-employer plan			an (not multiemployer) (ployer information in acc			
			a one-participant plan	∐ a f	foreign plan				
B	This retu	ırn/report is	the first return/report	the	e final return/report				
			an amended return/report	a s	hort plan year return	/report (less than 12 mo	onths)	1	
С	Check b	oox if filing under:	Form 5558	ш	utomatic extension			DFVC progr	ram
_	11		special extension (enter descr	· ·					
	art II		ormation—enter all requested inf	formation	nc				r
	Name o	•	· · · · · · · · · · · · · · · · · · ·				1b	Three-digit	
G.C.	.G. RISK	MANAGEMENT, IN	IC. DEFINED BENEFIT PLAN					plan number (PN) ▶	001
						}	1c	Effective date of	
									1/1987
2a			oyer, if for a single-employer plan)				2b	Employer Identif	
			om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta		(if foreian, see instru	ıctions)		(=)	896825
3.C.0		MANAGEMENT, INC		W. 00 1.	(" 10.0.9,	,	2c	Sponsor's telep	hone number 31-3000
							2d	Business code (see instructions)
		H STREET - SUITE 8 NY 10007	310					5242	240
4L V V	TOTAL	10007						0242	110
3a	Plan ac	 ministrator's name a	and address XSame as Plan Spons	sor.			3b	Administrator's I	 EIN
							3c	Administrator's t	telephone number
4			ne plan sponsor has changed since umber from the last return/report.	the last	return/report filed fo	r this plan, enter the	4b	EIN	
а		or's name					4c	PN	
5a	Total r	number of participants	s at the beginning of the plan year				5	а	20
b	Total r	number of participants	s at the end of the plan year				5	b	24
С			account balances as of the end of		•		5	С	
d			articipants at the beginning of the pla			ſ	5d	(1)	5
d	(2) Tota	al number of active pa	articipants at the end of the plan yea	ar			5d	(2)	5
	Numb	er of participants that	t terminated employment during the	e plan ye	ear with accrued ben	efits that were less	5	е	0
Car			or incomplete filing of this return				se is	established.	
SB	or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, an plete.						
SIG			d/valid electronic signature.		07/01/2016	ROSS GNESIN			
HE	RE	Signature of plan a	administrator		Date	Enter name of individu	ıal siç	ning as plan adr	ninistrator

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	Form 5500-SF 2015		Page 2							
b Are you under 2	all of the plan's assets during the plan year invested in eligib u claiming a waiver of the annual examination and report of 29 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public a	ccount	ant (IQ	PA)			X Yes	
_	an is a defined benefit plan, is it covered under the PBGC ir						_	No	Not deter	mined
Part III	Financial Information	-			-					
	ssets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
	lan assets	. 7a	(a) = 0 g		057			(4) =::=	3975	541
b Total p	lan liabilities				0					0
C Net pla	n assets (subtract line 7b from line 7a)	. 7с		381	057				3975	541
8 Income	e, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	otal	
	outions received or receivable from: aployers	. 8a(1)		25	5000					
(2) Pa	rticipants	. 8a(2)			0					
(3) Oth	ners (including rollovers)	. 8a(3)			0					
b Other in	ncome (loss)	. 8b		-8	8516					
	come (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							164	84
	s paid (including direct rollovers and insurance premiums ide benefits)	. 8d			0					
	deemed and/or corrective distributions (see instructions)	. 8e			0					
	strative service providers (salaries, fees, commissions)	. 8f			0					
	expenses	. 8g			0					
h Total e	xpenses (add lines 8d, 8e, 8f, and 8g)									0
i Net inc	ome (loss) (subtract line 8h from line 8c)	. 8i							164	84
j Transfe	ers to (from) the plan (see instructions)	8j			0					
Part IV	Plan Characteristics									
	olan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in th	e instructi	ons:	
	g the plan year:				Yes	No	N/A		Amount	
a Was to	there a failure to transmit to the plan any participant contriburibed in 29 CFR 2510.3-102? (See instructions and DOL's varam)	oluntary F	Fiduciary Correction	10a		X				
	there any nonexempt transactions with any party-in-interest ted on line 10a.)			10b		X				
c Was	the plan covered by a fidelity bond?			10c	X					50000
	ne plan have a loss, whether or not reimbursed by the plan's ud or dishonesty?			10d		X				
carrie	any fees or commissions paid to any brokers, agents, or other, insurance service, or other organization that provides somen? (See instructions.)	ne or all of	the benefits under	10e		X				
f Has t	he plan failed to provide any benefit when due under the pla	ın?		10f		X				
g Did th	ne plan have any participant loans? (If "Yes," enter amount a	as of year o	end.)	10g		Χ				
h If this	is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g 10h		X				
i If 10h	was answered "Yes," check the box if you either provided the totions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						
	ne plan trust incur unrelated business taxable income?			10j						
Part VI	Pension Funding Compliance									
	a defined benefit plan subject to minimum funding requiremand line 11a below)	•			•			•	× Yes	No
11a Enter	the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			0
12 Is this	s a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction :	302 of F	RISA?	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	e date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter pland the letter's serial representation of the letter's series of the l		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

SCHEDULE SB (Form 5500)

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

Single-Employer Defined Benefit Plan

Actuarial Information

2015

OMB No. 1210-0110

This Form is Open to Public Inspection

File as an attachment to Form 5500 or 5500-SF.

Fo	r calendar	plan year 201	5 or fiscal plan ye	ear beginning	01/01/2015		and end	ing 12/3	1/2015	
			nearest dollar.							
•	Caution:	A penalty of \$	1,000 will be ass	essed for late filing	of this report unle	ess reasonable ca	use is establish	ed.		
	Name of p						B Three-di	git		
G	.C.G. RIS	K MANAGEME	NT, INC. DEFIN	ED BENEFIT PLAN	1		plan nun	nber (PN)	•	001
_							n			
				a of Form 5500 or 5	500-SF		D Employer		ion Number (E	IN)
G	.C.G. RISP	K MANAGEME	NI, INC.					13-2896	825	
_							<u> </u>			
E	Type of pla	n: X Single	Multiple-A	Multiple-B	F Pric	or year plan size:	100 or fewer	101-50	00 More th	an 500
P	art I	Basic Infori	mation							
1	Enter th	e valuation dat	te: N	/lonth	Day31	Year <u>2015</u>	_			
2	Assets:									
	a Marke	et value						2a		372541
	b Actua	rial value						2b		372541
3	Funding	target/particip	ant count break	down		(1)	Number of	(2) Vest	ed Funding	(3) Total Funding
		, g p				ра	rticipants	. ,	arget	Target
	a For re	etired participar	nts and beneficia	ries receiving paym	nent		0		0	0
	b For te	erminated veste	ed participants				2		153489	153489
							5		311555	311555
	d Total						7		465044	465044
4				box and complete		•	П			
•	•			•	, , , , ,		.□	4a		
	_			ed at-risk assumpti				4а		
				ımptions, but disreg onsecutive years ar				4b		
5								5		5.99%
6								6		0
Sta		y Enrolled Act								<u>-</u>
	To the best of	of my knowledge, the	e information supplied							ed assumption was applied in
				erience under the plan.	inplion is reasonable (i	aking into account the e	experience or the plan	i and reasona	bie expectations) a	nd such other assumptions, in
	SIGN									
	HERE								06/30/20	116
			Signat	ture of actuary					Date	
DC	OMENIC P.	D'ALISE	0.9.1	iaro or aoraary					14-0229	17
	JIVILLI III	· D / LIGE	Type or pri	nt name of actuary				Most re	cent enrollme	
SC	:HWFIT7F	R & COMPAN		ae e. aetaa.y					631-969	
	7111122	11 4 5 5 1 1 1 1		ïrm name				elenhone i		ling area code)
	0 HOWELL	LS ROAD		iiii iidiiio				olopilolio i	Tarribor (irrorae	mig aroa codo,
St BA	JITE 4 XY SHORE	, NY 11706								
							_			
			Addr	ess of the firm						
If th	e actuary h	nas not fully ref	lected any regula	ation or ruling prom	ulgated under the	e statute in comple	eting this sched	ule, check	the box and se	ее П
inst	ructions	-		= :						ш

Page	2	_
ı ayc	_	

Pa	ırt II	Begir	nning of Year	Carryov	er and Prefunding Ba	alances						
_							(a) (Carryover balance		(b) F	Prefundi	ng balance
7		J	0 ,		cable adjustments (line 13 f				0			0
8	Portion	elected f	for use to offset pr	ior year's f	unding requirement (line 35	from						
									0			0
9									0			0
10					urn of%							
11	-				d to prefunding balance:				_			0004
				`	38a from prior year) 3a over line 38b from prior y	-						9291
					e interest rate of <u>6.24</u> %							0
	٠,		·	•	nedule SB, using prior year's							
					ear to add to prefunding balar							0
			0 0			_						9291
	u Porti	on of (c)	to be added to pre	erunaing ba	alance							0
					s or deemed elections				0			0
				,	- line 10 + line 11d – line 12)			0			0
	art III		ding Percenta	_						1		
											14	80.11 %
	•		g target attainmen								15	80.11 %
16					of determining whether car						16	84.77 %
17	If the c	urrent val	ue of the assets o	f the plan i	s less than 70 percent of the	e funding tar	get, enter s	such percentage			17	%
Pa	art IV	Con	tributions and	d Liquid	ity Shortfalls							
18	Contrib	utions m	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:				_		
(M	(a) Dat IM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) D (MM-DD		(b) Amount pa employer(s		(0		int paid by ovees
•	3/30/201			25000	0	(,		-,		*****	-,
				20000	Ţ.							
						Totals ►	18(b)		25000	18(c)		0
19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation o	date after th	ne beginning of the	year:			
	_			•	imum required contributions			ŀ	19a			0
					djusted to valuation date			l l	19b			0
					uired contribution for current y	ear adjusted	to valuation	n date	19c			24631
20		-	outions and liquidit						L		Г	l vas V N
	_		-		he prior year?						 _	Yes X No
					/ installments for the current	-	-	manner?			L	Yes No
	C If line	e 20a is "	Yes," see instructi	ons and co	emplete the following table a Liquidity shortfall as of e			n vear				
		(1) 19	st		(2) 2nd	The or quarte	(3)	3rd			(4) 4tl	า
												

_	434 4							
	-	tions Used to Determine	Funding Target and Targe	t Normal Cost				
21		4-4	On description	Ond as mass and				
	a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yield	curve	used
	b Applicable mon	th (enter code)			21b			3
22	Weighted average	retirement age			22			64
23	Mortality table(s)	(see instructions) X Pr	escribed - combined Pres	scribed - separate	Substitute	Э		
Pa	rt VI Miscella	neous Items						
	Has a change bee	n made in the non-prescribed ac	tuarial assumptions for the current	•		· · -	Yes	X No
25	Has a method cha	inge been made for the current p	lan year? If "Yes," see instructions	regarding required attac	chment		Yes	X No
26	Is the plan require	d to provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.		Yes	X No
27	If the plan is subje	ct to alternative funding rules, er	ter applicable code and see instruc	tions regarding	27			
Pa	rt VII Recond	ciliation of Unpaid Minim	um Required Contribution	s For Prior Years				
28		•	years		28			0
29			d unpaid minimum required contrib					
	•	•	a dipara mining required contrib		29			0
30	Remaining amour	t of unpaid minimum required co	ntributions (line 28 minus line 29)		30			0
Pa	rt VIII Minimu	m Required Contribution	For Current Year					
31	Target normal cos	st and excess assets (see instruc	tions):					
	a Target normal co	ost (line 6)			31a			0
	b Excess assets,	if applicable, but not greater than	line 31a		31b			0
32	Amortization insta	Ilments:		Outstanding Bala	ance	Installm	ent	
	a Net shortfall am	ortization installment			92503			20110
	b Waiver amortiza	ation installment			0			0
33		en approved for this plan year, e	nter the date of the ruling letter grar		33			
34	Total funding requ	irement before reflecting carryov	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			20110
			Carryover balance	Prefunding bala	nce	Total bal	ance	
35		for use to offset funding	0		0			0
36	Additional cash re	quirement (line 34 minus line 35)			36			20110
37			ontribution for current year adjusted		37			24631
38	Present value of e	excess contributions for current year	ear (see instructions)					
	a Total (excess, if	any, of line 37 over line 36)			38a			4521
	b Portion included	I in line 38a attributable to use of	prefunding and funding standard ca	arryover balances	38b			0
39	Unpaid minimum	equired contribution for current y	ear (excess, if any, of line 36 over l	ine 37)	39			0
40	Unpaid minimum	equired contributions for all year	S		40			0
Pa	rt IX Pensio	n Funding Relief Under	Pension Relief Act of 2010	(See Instructions))			
41		made to use PRA 2010 funding r						
	a Schedule electe	d			П	2 plus 7 years	15 y	ears
	b Eligible plan yea	ar(s) for which the election in line	41a was made		2008	2009 2010		2011
42					42			
		acceleration amount to be carrie			43			

Attachment to 2014 Form 5500 Schedule SB, Line 32 – Schedule of Amortization Bases

Plan Name	G.C.G. Risk N	lanagement, Inc. Defined Benefit Plan	EIN:_1	3-2896825
Plan Sponsor	r's Name	G.C.G. Risk Management, Inc.	PN:	001

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall	14298	12/31/2012	4	4991
Shortfall	21802	12/31/2013	5	5174
Shortfall	15744	12/31/2014	6	3201
Shortfall	37659	12/31/2015	7	6744
	٠.			
				4
	-			

SCHEDULE SB (Form 5500)

Department of the Treasury Internet Revenue Service

Department of Labor Employee Benefits Security Administration Pension Denetil Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

DMB No. 1210-0110

2015

This Form is Open to Public inspection

F	ir calendar plan year 2015 or fiscal plan year beginning 01/01/2015	m SSDD or I				
•	Round off amounts to regreat dollar.		and en		2/31/2015	
	Caution: A pensity of \$1,000 will be assessed for fate filing of this report unless real	ronable				
		SOLIBINE CR	-			
Ģ	.C.G. RISK MANAGEMENT, INC. DEFINED BENEFIT PLAN	i	B Three-c	•	_	
	•	-	pian nu	mber (P	N)	001
c	Plea conserve and a serve as the serve as th					The second secon
_ [3.	Flan sponsor's name as shown on line 2a of Form 5500 or 5500-SF C.G. RISK MANAGEMENT, INC.		D Employe	r identif	cation Number	
					896825	. ,
E	Type of plan: X Single Multiple-A Multiple-B					
	Prior year p	lan size: X	100 or fewer	_] 10	1-500 More	than 500
4	Enterthe					
2	Enter the valuation date: Month 12 Day 31 Year. Assets:	2015				
-					#10 00 60 00 00 00 00 00 00 00 00 00 00 00	100 - 10 00 10 00 00 00 00 00 00 00 00 00 00
	a Market value			28		37264
3	b Actuarial value			2h		37254
J	Funding target/participant count breakdown		amber of	(2) V	asted Funding	(3) Total Funding
	a For retired participants and beneficiaries receiving payment	parti	cipants		Terget	Target
	b For terminated vested participants	·	0			0 (
	b For terminated vested participants		2		15348	15348
	C For active participants		5		31155	
-	d Total		7		46504	
4	if the plan is in al-risk status, check the box and complete lines (a) and (b)			· · •••	::::::::::::::::::::::::::::::::::::::	Standard Control of the Control of t
	a Funding target disregarding prescribed at-risk assumptions	_		4a	***************************************	Charter and a second and are access
	w i wilding total i blidgiliki Bi-risk aggimantane hat disi hall i s			·		·
5	WILLIAM TO SOUR POLICE AND STATE OF THE PROPERTY OF THE PROPER			4b		
6	Effective interest rate			5		5,99%
State	Target normal cost			6		0
	to the best of my knowledge, the information supplied in this exhedule and accompanying echedules, attements coordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into a armidination, offer my best estimate of articipated experience under the plan.	and allachment coolid the expi	ls, if any, is sompli prience of the plan	elle and ap and reaso	arain, Eath prosed nable expediations)	bod assumption was applied in and such other aspumptions, in
· .:	ERE HOMENU L'AMUSE					
	Signature of actuary				06/30/2	016
OON	IENIC P. D'ALISE				Date	
	Type or print name of actuary		-		14-022	
<u> CH</u>	WEITZER & COMPANY, LLC			Most	recent enrollm	
ر <u>م</u> ور	Firm name			t	631-96	
SUIT	HOWELLS ROAD E 4 SHORE, NY 11708		••	epnone	i unupet (iucin	ding area code)
	Address of the firm					
the a	ictuary has not fully reflected any regulation or ruling promulgated under the statute in tions	n completin	g this schedu	e, chec	the box and s	ee
ar Pa	parwork Reduction Act Notice and OMB Control Numbers, see the instructions	for Form	5500 or 550n	S.F.		le SB (Form 5500) 2015
				 ,	acus00	× o¤ (rom 5500) 201£

7 -		*	la	Carryover balance			
7 Balance at be year)	eginning of prior year after ap	plicable adjustments (line 13 from pri		Carryover balance) Prefund	ling balance
8 Portion elected	ed for use to offset prior year	s funding requirement (line 35 from			0		
9 Amount rema	ining (line 7 minus line 8)				0		
10 Interest on lin	e 9 using prior year's actual r	eturn of%		 	0		
11 Prior year's e	xcess contributions to be add	ed to prefunding holonos		North Company of the			
a Present val	ue of excess contributions (lin	ne 38a from prior year)					
D() interest	Of the excess if any of line	38a over line 38b from prior year tive interest rate of 6.24%	101 100 00 x 100 00 00 00 00 00 00 00 00 00 00 00 00				92
u(2) interest	on line 38b from prior year S	chedule SR using prior vocate and unit					
return							
C Total availab	le at beginning of current plan	year to add to prefunding balance	····				
d Portion of (d	c) to be added to prefunding t	alance					92
2 Other reduction	ns in balances due to alceti-	ns or deemed elections					
3 Balance at her	ninning of current was division	ns or deemed elections			0		
Part III Fu	giring of current year (line 9	+ line 10 + line 11d – line 12)			0		
	nding Percentages						
4 Funding target	attainment percentage					14	00.44
						15	80.11
current year's fur	iding percentage for purposes	s of determining whether carryover/pr	efunding balar	ices may be used to re	duas		80.11
7 1641-		•••••	······································		uuce	16	04776
7 If the current va	alue of the assets of the plan	is less than 70 percent of the funding	target, enter s	uch percentage.			84.77
7 If the current va	alue of the assets of the plan	is less than 70 percent of the funding	target, enter s	uch percentage	duce	16 17	84.77
7 If the current vale Part IV Col 8 Contributions in	alue of the assets of the plan ntributions and Liquid nade to the plan for the plan y	is less than 70 percent of the funding	target, enter s	uch percentage	uuce		
7 If the current valent IV Col 8 Contributions m (a) Date	ntributions and Liquid nade to the plan for the plan y (b) Amount paid by	is less than 70 percent of the funding ity Shortfalls ear by employer(s) and employees: (c) Amount paid by	target, enter s	uch percentage		17	C
7 If the current vi Part IV Col 3 Contributions m (a) Date MM-DD-YYYY)	ntributions and Liquid nade to the plan for the plan y (b) Amount paid by employer(s)	is less than 70 percent of the funding ity Shortfalls ear by employer(s) and employees: (c) Amount paid by (a)	target, enter s	uch percentage(b) Amount paid by employer(s)			t paid by
7 If the current vi Part IV Col 8 Contributions m (a) Date (MM-DD-YYYY)	ntributions and Liquid nade to the plan for the plan y (b) Amount paid by	is less than 70 percent of the funding ity Shortfalls ear by employer(s) and employees: (c) Amount paid by (a)	target, enter s	uch percentage(b) Amount paid by		17	t paid by
7 If the current vi Part IV Col 8 Contributions m (a) Date (MM-DD-YYYY)	ntributions and Liquid nade to the plan for the plan y (b) Amount paid by employer(s)	is less than 70 percent of the funding ity Shortfalls ear by employer(s) and employees: (c) Amount paid by (a employees (MM-	target, enter s	uch percentage(b) Amount paid by		17	t paid by
7 If the current vi Part IV Col 8 Contributions m (a) Date (MM-DD-YYYY)	ntributions and Liquid nade to the plan for the plan y (b) Amount paid by employer(s)	is less than 70 percent of the funding ity Shortfalls ear by employer(s) and employees: (c) Amount paid by (a employees (MM-	target, enter s	uch percentage(b) Amount paid by		17	t paid by
7 If the current vi Part IV Col 8 Contributions m (a) Date (MM-DD-YYYY)	ntributions and Liquid nade to the plan for the plan y (b) Amount paid by employer(s)	is less than 70 percent of the funding ity Shortfalls ear by employer(s) and employees: (c) Amount paid by (a employees (MM-	target, enter s	uch percentage(b) Amount paid by		17	t paid by
Part IV Col 8 Contributions m (a) Date	ntributions and Liquid nade to the plan for the plan y (b) Amount paid by employer(s)	is less than 70 percent of the funding ity Shortfalls ear by employer(s) and employees: (c) Amount paid by (a employees (MM-	target, enter s	uch percentage(b) Amount paid by		17	t paid by
7 If the current vi Part IV Col 8 Contributions m (a) Date (MM-DD-YYYY)	ntributions and Liquid nade to the plan for the plan y (b) Amount paid by employer(s)	is less than 70 percent of the funding ity Shortfalls ear by employer(s) and employees: (c) Amount paid by (a employees (MM-	target, enter s	uch percentage(b) Amount paid by		17	t paid by
7 If the current value Part IV Col 8 Contributions m (a) Date (MM-DD-YYYY) 03/30/2016	ntributions and Liquid nade to the plan for the plan y (b) Amount paid by employer(s)	is less than 70 percent of the funding ity Shortfalls ear by employer(s) and employees: (c) Amount paid by employees 0 Totals	Date	uch percentage (b) Amount paid by employer(s)		17	t paid by
7 If the current value Part IV Col 8 Contributions m (a) Date (MM-DD-YYYY) 03/30/2016	ntributions and Liquid nade to the plan for the plan y (b) Amount paid by employer(s)	is less than 70 percent of the funding ity Shortfalls ear by employer(s) and employees: (c) Amount paid by employees 0 Totals	Date	uch percentage (b) Amount paid by employer(s)		17	it paid by yees
7 If the current value of the	ntributions and Liquid nade to the plan for the plan y (b) Amount paid by employer(s) 25000	is less than 70 percent of the funding ity Shortfalls ear by employer(s) and employees: (c) Amount paid by employees 0 Totals	Date D-YYYY)	uch percentage(b) Amount paid by employer(s)		17	it paid by yees
7 If the current value of the	ntributions and Liquid nade to the plan for the plan y (b) Amount paid by employer(s) 25000	is less than 70 percent of the funding ity Shortfalls ear by employer(s) and employees: (c) Amount paid by employees (MM-l	Date DD-YYYY)	(b) Amount paid by employer(s) 250 beginning of the year		17	t paid by yees
7 If the current value of the	ntributions and Liquid nade to the plan for the plan years (b) Amount paid by employer(s) 25000 loyer contributions – see instrallocated toward unpaid minimade to avoid restrictions adjustic interest in the plan years of the years of the plan years of the	is less than 70 percent of the funding ity Shortfalls ear by employer(s) and employees: (c) Amount paid by employees 0 Totals ructions for small plan with a valuation mum required contributions from prior usted to valuation date	Date D-YYYY) 18(b) date after the years.	(b) Amount paid by employer(s) 250 be beginning of the year:		17	it paid by yees
7 If the current value of the	ntributions and Liquid nade to the plan for the plan y (b) Amount paid by employer(s) 25000 Loyer contributions – see installocated toward unpaid minimade to avoid restrictions adjulcoated toward minimum requilibrians	is less than 70 percent of the funding lity Shortfalls ear by employer(s) and employees: (c) Amount paid by employees 0 Totals ructions for small plan with a valuation mum required contributions from prior usted to valuation for current year adjusted contribution for current year adjusted.	Date D-YYYY) 18(b) date after the years.	(b) Amount paid by employer(s) 250 be beginning of the year:		17	it paid by yees
7 If the current variable Part IV Col 8 Contributions in (a) Date (MM-DD-YYYY) 03/30/2016 Discounted emp a Contributions in Contributions a Quarterly contrib	ntributions and Liquid nade to the plan for the plan year (b) Amount paid by employer(s) 25000 loyer contributions – see instrallocated toward unpaid minimade to avoid restrictions adjuliocated toward minimum requitions and liquidity shortfalls:	is less than 70 percent of the funding ity Shortfalls ear by employer(s) and employees: (c) Amount paid by (MM-lemployees) 0 Totals ructions for small plan with a valuation mum required contributions from prior usted to valuation for current year adjuster	Date DD-YYYY) 18(b) date after the years	(b) Amount paid by employer(s) 250 beginning of the year: 19a 19b late	00 18(c)	17 C) Amoun employ	it paid by yees
Part IV Col 3 Contributions m (a) Date MM-DD-YYYY) 03/30/2016 Discounted emp a Contributions b Contributions c Contributions a Did the plan h	ntributions and Liquid nade to the plan for the plan y (b) Amount paid by employer(s) 25000 25000 loyer contributions — see instrallocated toward unpaid minimade to avoid restrictions adjuliocated toward minimum requitions and liquidity shortfalls: ave a "funding shortfall" for the	is less than 70 percent of the funding ity Shortfalls ear by employer(s) and employees: (c) Amount paid by (MM-log) employees Totals ructions for small plan with a valuation mum required contributions from prior usted to valuation date	Date DD-YYYY) 18(b) date after the years	(b) Amount paid by employer(s) 250 beginning of the year: 19a 19b late	00 18(c)	17 C) Amoun employ	at paid by yees
7 If the current value of the	Intributions and Liquid nade to the plan for the plan of the plan for the plan of the plan	is less than 70 percent of the funding ity Shortfalls ear by employer(s) and employees: (c) Amount paid by employees 0 Totals ructions for small plan with a valuation mum required contributions from prior usted to valuation date red contribution for current year adjusted to prior year?	Date D-YYYY) 18(b) date after the years	(b) Amount paid by employer(s) 250 beginning of the year: 19a 19b late	00 18(c)	17 C) Amoun emplo	t paid by yees 2463 Yes X No
7 If the current value of the	Intributions and Liquid nade to the plan for the plan of the plan for the plan of the plan	is less than 70 percent of the funding ity Shortfalls ear by employer(s) and employees: (c) Amount paid by (a) (MM-log) 0 Totals ructions for small plan with a valuation num required contributions from prior usted to valuation date	18(b) date after the years	(b) Amount paid by employer(s) 250 beginning of the year: 19a 19b late	00 18(c)	17 C) Amoun emplo	it paid by yees
Part IV Coi 8 Contributions in (a) Date (MM-DD-YYYY) 03/30/2016 Discounted emp a Contributions a C Contributions a Quarterly contrib a Did the plan h b If line 20a is "Y C If line 20a is "Y	loyer contributions — see instrallocated toward unpaid made to avoid restrictions adjulcated toward unpaid minimade to avoid restrictions adjulcated toward minimum requitions and liquidity shortfalls: ave a "funding shortfall" for the fee," were required quarterly fee," see instructions and contributions are contributed and contributions and cont	is less than 70 percent of the funding ity Shortfalls ear by employer(s) and employees: (c) Amount paid by employees (MM-log of the funding	18(b) date after the years	(b) Amount paid by employer(s) 250 beginning of the year: 19a 19b late	00 18(c)	17 C) Amoun emplo	t paid by yees 2463
Part IV Col 8 Contributions in (a) Date (MM-DD-YYYY) 03/30/2016 Discounted emp a Contributions b Contributions c Contributions a Quarterly contrib a Did the plan ha b If line 20a is "N	loyer contributions — see instrallocated toward unpaid made to avoid restrictions adjulcated toward unpaid minimade to avoid restrictions adjulcated toward minimum requitions and liquidity shortfalls: ave a "funding shortfall" for the fee," were required quarterly fee," see instructions and contributions are contributed and contributions and cont	is less than 70 percent of the funding ity Shortfalls ear by employer(s) and employees: (c) Amount paid by employees 0 Totals ructions for small plan with a valuation mum required contributions from prior usted to valuation date red contribution for current year adjusted to prior year?	18(b) date after the years	250 beginning of the year: 19a 19b late	00 18(c)	17 C) Amoun emplo	t paid by yees 2463

2	Discount rate:		Funding Target and	larget Normal Cost		
	a Segment rates:	1st segment:	2nd segment:	2md		
	h Applicable ments (a	4.72 %	6 11 %	3rd segm	4.07	N/A, full yield curve used
22	2 Weighted average roti	roment and			21b	
23	Mortality table(s) (see	rement age			22	6
37 - 875.	, ace	rinstructions) X P	rescribed - combined	Prescribed - separate	Substitu	ute 64
24	art VI Miscellaneo	ous Items				
24	attachment	ade in the non-prescribed ad	ctuarial assumptions for the c	urrent plan year? If "Yes," s	ee instruction	s regarding required
26		accumate for the carrett b	ian year? It "Yes." see instru	ctions regarding required at	A1	
27		broside a ochediale of ACIIVE	Paπicipants? If "Yes." see i	Ostructions rogarding rows:	ed attachmen	tYes X No
			ter applicable code and see i		27	
Pa	rt VII Reconciliat	tion of Unpaid Minim	um Required Contribu	41	<u>-</u> ,	
28	Unpaid minimum requir	red contributions for all prior	years	tions For Prior Years	<u> </u>	
29	Procedured CitibloAGI C	Utilitibilitions allocated towar	diamonalah			0
30						
. 115 7.	. tomaning annount of a	ripaid minimum required cor	ntributions (line 28 minus line	29)	30	0
Pa	ri vili jiviinimum R	equired Contribution	For Current Year			0
31	larget normal cost and	excess assets (see instruct	ions):			
	a Target normal cost (lir	ne 6)			31a	
	D Excess assets, if appl	licable, but not greater than	line 31a		31b	0
	Amoruzation installment	is:		Outstanding Re		lnotellment
	a Net shortfall amortizat	tion installment			92503	Installment
	D Waiver amortization in	nstallment	***************************************		92303	20110
აა 	If a waiver has been app (Month Da	proved for this plan year, ent	er the date of the ruling letter) and the waived amou	granting the approval	T +	0
34	Total funding requirement	nt before reflecting carryove	r/prefunding balances (lines 3	1a - 31b + 32a + 32b - 33)	. 34	
			Carryover balance	Prefunding bala		20110
35	Balances elected for use	to offset funding		Totaliang ball	-	Total balance
	requirement			0	0	0
6	Additional cash requirem	ent (line 34 minus line 35)			36	
	Contributions allocated to	oo beriuper muminim plawc	atribution for access to the			20110
		contributions for current yea	***************************************		37	24631
	Total (excess, if any, of	fline 37 over line 36)	r (see instructions)			
k	Portion included in line	38a attributable to use of			38a	4521
9 (Jnpaid minimum required	contribution for current was	efunding and funding standar	d carryover balances	38b	0
0 i	Jnpaid minimum required	Contributions for all years	r (excess, if any, of line 36 or	er line 37)	39	0
art	IX Pension Fur	Iding Relief Under De	Paris Dallas A. C. Con		40	0
· Line	35.0-1.0-3	Luce BDA 2040 6	ension Relief Act of 20	10 (See Instructions	<u> </u>	
a	Schedule elected	use PRA 2010 funding relie	er for this plan:			
	Fligible plan year(a) f	ushiah Alia			2	plus 7 years 15 years
^	mount of pos-t	with the election in line 41	a was made		2008	2009 2010 2011
<u> </u>	mount of acceleration ad	justment	***************************************		42	
2 -					72]	